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EXAMINER
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SOREY, ROBERT A

ART UNIT	PAPER NUMBER
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4194

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PAPER

**Please find below and/or attached an Office communication concerning this application or proceeding.**

The time period for reply, if any, is set in the attached communication.

<b>Office Action Summary</b>	<b>Application No.</b> 10/612,032	<b>Applicant(s)</b> ABRAHAM-FUCHS ET AL.	
	<b>Examiner</b> ROBERT SOREY	<b>Art Unit</b> 4194	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

### Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

### Status

- 1) ☒ Responsive to communication(s) filed on 03 July 2003.
- 2a) ☐ This action is **FINAL**.                      2b) ☒ This action is non-final.
- 3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

### Disposition of Claims

- 4) ☒ Claim(s) 1-48 is/are pending in the application.
- 4a) Of the above claim(s) \_\_\_\_\_ is/are withdrawn from consideration.
- 5) ☐ Claim(s) \_\_\_\_\_ is/are allowed.
- 6) ☒ Claim(s) 1-48 is/are rejected.
- 7) ☐ Claim(s) \_\_\_\_\_ is/are objected to.
- 8) ☐ Claim(s) \_\_\_\_\_ are subject to restriction and/or election requirement.

### Application Papers

- 9) ☐ The specification is objected to by the Examiner.
- 10) ☒ The drawing(s) filed on 03 July 2003 is/are: a) ☒ accepted or b) ☐ objected to by the Examiner.  
Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).  
Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
- 11) ☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

### Priority under 35 U.S.C. § 119

- 12) ☒ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
- a) ☒ All    b) ☐ Some \*    c) ☐ None of:
1. ☒ Certified copies of the priority documents have been received.
2. ☐ Certified copies of the priority documents have been received in Application No. \_\_\_\_\_.
3. ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

\* See the attached detailed Office action for a list of the certified copies not received.

### Attachment(s)

- |                                                                                        |                                                                   |
|----------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| 1) <input checked="" type="checkbox"/> Notice of References Cited (PTO-892)            | 4) <input type="checkbox"/> Interview Summary (PTO-413)           |
| 2) <input type="checkbox"/> Notice of Draftsperson's Patent Drawing Review (PTO-948)   | Paper No(s)/Mail Date. _____                                      |
| 3) <input checked="" type="checkbox"/> Information Disclosure Statement(s) (PTO/SB/08) | 5) <input type="checkbox"/> Notice of Informal Patent Application |
| Paper No(s)/Mail Date <u>07/03/2003</u> .                                              | 6) <input type="checkbox"/> Other: _____                          |

## **DETAILED ACTION**

### ***Priority***

1. Acknowledgment is made of applicant's claim for foreign priority under 35 U.S.C. 119(a)-(d). Priority number 02014704.7 on 07/03/2002 submitted with the European Patent Office (EPO).

### ***Claim Rejections - 35 USC § 112***

2. The following is a quotation of the second paragraph of 35 U.S.C. 112:

The specification shall conclude with one or more claims particularly pointing out and distinctly claiming the subject matter which the applicant regards as his invention.

3. Claims 1-4, 6-9, 11-15, 17-22, 24-26, 31-33, 35, 37-45, and 47-48 are rejected under 35 U.S.C. 112, second paragraph, as being indefinite for failing to particularly point out and distinctly claim the subject matter which applicant regards as the invention.

4. As per claims 1 and 18, Applicant recites "plurality of at least one", which don't make logical sense. A "plurality" or "at least one" can be claimed, but a "plurality of at least one" makes it unclear as to the quantity Applicant is trying to claim.

5. For the purposes of examination, the Examiner will consider "at least one".

6. As per claim 17, Applicant recites "at least one of enables and disables", which doesn't make logical sense. Applicant recites "at least one" but the "and" operator requires two choices, which makes it unclear as to which, "enables" or "disables", Applicant wants the Examiner to consider.

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7. For the purposes of examination, the Examiner will consider "at least one of enables or disables", but recommends that the use of the phrase "at least one" be stricken if possible.

8. As per claims 2-4, 6-9, 11-15, 19-22, 24-26, 31-33, 35, 37-45, and 47-48, Applicant uses the phrase "at least one" liberally enough to cause the claims to be indefinite (approximately 88 times in all claims). For example, in claim 4, Applicant states: "wherein the advice of the at least one of at least one therapy module". Claim 4 is in reference to the "at least one therapy module" in claim 3 which references the "at least one therapy module" of claim 1. To which of the "at least one" of the therapy modules is the applicant referring? How is the examiner supposed to interpret the number of therapy modules Applicant is trying to claim? It is recommended that indefinite language be modified within the scope of the specification in such a way that renders the claims more easily understandable to one of ordinary skill in the art at the time the invention was made.

9. Accordingly, the claims have been examined to the best of the Examiner's ability given their current state.

***Claim Rejections - 35 USC § 103***

10. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

11. Claims 1-48 are rejected under 35 U.S.C. 103(a) as being unpatentable over U.S. Patent 6,606,480 to L'Allier et al. in view of U.S. Patent 6,039,688 to Douglas et al.

12. As per claim 1, L'Allier et al. teaches a method for supporting planning in the presence of multiple deficits, comprising:

*--providing a capability profile for a patient (see: L'Allier et al., column 2, lines 35-39 and lines 49, is met by identifying a desired skill or skill level not possessed by a user – a user is interpreted to encompass patients; and column 5, lines 15-20, is met by an analysis of the skills possessed already by the individual being performed) and providing a first database (Fig. 1C, ele. 200)(see: L'Allier et al., column 2, lines 40-44, is met by the second electronic database), the first database containing at least one of modules and treatable capabilities (Fig. 1C, ele. 209)(see: see: L'Allier et al., column 2, lines 40-50, is met by the second database containing training regimens that absent and/or deficient skills can be mapped into) and containing minimum prerequisites of capabilities, the minimum prerequisites being associated with the at least one of modules and treatable capabilities, for at least one of executing the respective modules and for treating the respective treatable capabilities (see: L'Allier et al., column 5, lines 59-64 and column 6, lines 21-28, is met by prerequisites that must be achieved in route to obtaining a desired skill level, and skill levels that must be completed successfully before receiving training at the subsequent level);*

*--automatically comparing (see: L'Allier et al., column 5, lines 27-40, is met by comparison ratings and gap analysis), at a data processing station (Fig. 1A, ele. 12)(see: L'Allier et al., column 5, lines 1-5), the patient's capability profile with the*

*minimum prerequisites by accessing the first database (see: L'Allier et al., column 2, lines 19-24 and column 5, lines 40-64, is met by identifying a "gap" between the skill(s) possessed by the individual and those required of the individual via a comparison process which involves identifying prerequisites); and*

*--advising a user, based on the comparison, of at least one of at least one module and at least one treatable capability for which the minimum prerequisites are satisfied (see: L'Allier et al., column 2, lines 43-44 and column 6, lines 28-29, is met by a training regimen being presented after mapping has occurred).*

L'Allier et al. teaches the invention substantially as claimed but fails to specifically teach creating an individualized learning program in the context of providing therapy; however, Douglas et al. teaches a therapeutic behavior modification program that is aimed at assisting patients in overcoming deficits caused by medical ailments, surgical procedures, and lifestyle choices (see: Douglas et al., column 1, lines 20-55). It would have been obvious to one of ordinary skill in the art at the time the invention was made to combine the architecture of deficit detection, improvement planning, and improvement planning implementation, with the intention of overcoming the recognized deficits, as taught by L'Allier et al., and the content of therapeutic behavior modification in a health and wellness context as taught by Douglas et al., with the rationale that "[w]hen individuals are successful in making and adhering to positive lifestyle changes, they frequently require fewer physician visits, go to the hospital less often, and have fewer surgeries" and over an extended period of time "costs go down accordingly" (see: Douglas, et al., column 1, lines 32-36).

13. As per claim 2, L'Allier et al. teaches a method for supporting planning for chronic illnesses in the presence of further restrictions prescribed by other illnesses, comprising:

*--providing an profile for a patient* (see: L'Allier et al., column 2, lines 35-39 and lines 49, is met by identifying a desired skill or skill level not possessed by a user – a user is interpreted to encompass patients; and column 5, lines 15-20, is met by an analysis of the skills possessed already by the individual being performed), *and providing a first database* (see: L'Allier et al., column 2, lines 40-44, is met by the second electronic database), *the first database containing a plurality of modules* (Fig. 1C, ele. 200)(see: see: L'Allier et al., column 2, lines 40-50, is met by the second database containing training regimens that absent and/or deficient skills can be mapped into) *and containing minimum prerequisites, the minimum prerequisites being associated with the modules, for executing the respective modules* (see: L'Allier et al., column 5, lines 59-64 and column 6, lines 21-28, is met by prerequisites that must be achieved in route to obtaining a desired skill level, and skill levels that must be completed successfully before receiving training at the subsequent level);

*--automatically comparing* (see: L'Allier et al., column 5, lines 27-40, is met by comparison ratings and gap analysis), *at a data processing station* (Fig. 1A, ele. 12)(see: L'Allier et al., column 5, lines 1-5), *the patient's profile with the minimum prerequisites by accessing the first database* (see: L'Allier et al., column 2, lines 19-24 and column 5, lines 40-64, is met by identifying a "gap" between the skill(s) possessed

by the individual and those required of the individual via a comparison process which involves identifying prerequisites); *and*

*--advising a user, based on the comparison, of at least one module for which the minimum prerequisites are satisfied (see: L'Allier et al., column 2, lines 43-44 and column 6, lines 28-29, is met by a training regimen being presented after mapping has occurred).*

L'Allier et al. teaches the invention substantially as claimed but fails to specifically teach creating an individualized learning program in the context of providing therapy for illnesses and chronic illnesses, and an illness profile including health-related and physical properties of the patient; however, Douglas et al. teaches a therapeutic behavior modification program that is aimed at assisting patients in overcoming deficits caused by medical ailments, surgical procedures, and lifestyle choices (see: Douglas et al., column 1, lines 20-55). Douglas et al. teaches that “[a] wide range of individuals can benefit from the system” including “those with chronic ailments” (see: Douglas et al., column 5, lines 45-50), and also teaches “prompting the individual to enter health-related data” including “baseline vital factors” and other factors such as “height, weight” etc. (see: Douglas et al., column 6, lines 14-26), which are physical properties of the patient. It would have been obvious to one of ordinary skill in the art at the time the invention was made to combine the architecture of deficit detection, improvement planning, and improvement planning implementation, with the intention of overcoming the recognized deficits, as taught by L'Allier et al., and the content of therapeutic behavior modification in a health and wellness context as taught by Douglas et al., with



the rationale that "[w]hen individuals are successful in making and adhering to positive lifestyle changes, they frequently require fewer physician visits, go to the hospital less often, and have fewer surgeries" and over an extended period of time "costs go down accordingly" (see: Douglas, et al., column 1, lines 32-36).

14. As per claim 3, L'Allier et al. teaches the invention substantially as claimed, see discussion of claim 1, and further teaches:

*--the advice of the at least one of at least one therapy module and at least one treatable capability is given by virtue of exclusively the at least one of at least one of the therapy module and the treatable capability being output* (see: L'Allier et al., column 2, lines 43-44 and column 6, lines 28-29, is met by a training regimen being presented after mapping has occurred).

15. As per claim 4, L'Allier et al. teaches the invention substantially as claimed, see discussion of claim 3, and further teaches:

*--the advice of the at least one of at least one of the therapy module and treatable capability is given by virtue of the at least one of at least one of the therapy module and treatable capability being marked in the output* (see: L'Allier et al., column 6, lines 28-29, is met by metadata that describe attributes of the resource including an ID, title, description, etc.).

16. As per claim 5, L'Allier et al. teaches the invention substantially as claimed, see discussion of claim 1, and further teaches:

*--the patient's capability is retrieved from a second database by the data processing station* (see: L'Allier et al., abstract and column 2, lines 33-60, is met by the first database containing a set of skills already possessed).

17. As per claim 6, L'Allier et al. teaches the invention substantially as claimed, see discussion of claim 1, and further teaches:

*--at least one of the at least one therapy module and at least one treatable capability is enabled for access* (see: L'Allier et al., column 3, lines 1-5, is met by skill/training regimen identifier mapping and for presenting the user with the accessed training regimen), *and remaining at least one therapy module and remaining treatable capability for which the minimum prerequisites are not satisfied is disabled for access* (see: L'Allier et al., column 5, lines 59-64 and column 6, lines 21-28, is met by prerequisites that must be achieved in route to obtaining a desired skill level, and skill levels that must be completed successfully before receiving training at the subsequent level).

18. As per claim 7, L'Allier et al. teaches the invention substantially as claimed, see discussion of claim 6, and further teaches:

*--at least one of the at least one disabled therapy module and capability is provided with an indication of the reason for disabling in the output* (Fig. 3A-3B)(see: L'Allier et al., column 6, line 21 through column 7, line 16, is met in Fig. 3A, ele. 412-413 by current skill level for "KNOWLEDGE 2" being marked and outputted as greater than the desired skill level and for that reason from the "GAP" comparison in ele. 42, thus the subsequent mapping in ele. 43, which is based on this comparison, yields a training

regimen where the appropriate prerequisites are disabled; furthermore, training regimens are enabled such that "courses linked to skill levels 1 through 5...are met en route to achieving the desired skill level" thus also requiring prerequisites be fulfilled before advancing to subsequent courses).

19. As per claim 8, L'Allier et al. teaches the invention substantially as claimed, see discussion of claim 6, and further teaches:

*--an indication of the reason for disabling is output for the disabled at least one of the at least one therapy module and capability (see: discussion of claim 7) following an appropriate input from the user (see: L'Allier et al., column 6, lines 40-50, is met by the user entering information into an input device).*

20. As per claim 9, L'Allier et al. teaches the invention substantially as claimed, see discussion of claim 6, and further teaches:

*--at least one of the at least one disabled therapy module and capability is adapted to be individually enabled by manual input from a user (see: L'Allier et al., column 1, lines 47-52 and column 11, lines 46-61, is met by selecting matches "manually" and creating desired links).*

21. As per claim 10, L'Allier et al. teaches the invention substantially as claimed, see discussion of claim 1, and further teaches:

*--the data processing station outputs only the treatable capabilities which match capabilities to be treated which are ascertained by the data processing station on the basis of the capability profile (Fig. 3A-3B)(see: L'Allier et al., column 6, line 21 through column 7, line 16, and see discussion of claim 7, is met by use of prerequisites).*

22. As per claim 11, L'Allier et al. teaches the invention substantially as claimed, see discussion of claim 1, and further teaches:

*--a third database (Fig. 1C, ele. 207), at least one of separate from and part of the first database, is provided which contains an association between target capabilities and the therapy modules (Fig. 2A, ele. 406)(see: L'Allier et al., column 6, lines 6-20, is met by mapping desired skill with the appropriate training regimen), where the data processing station (Fig. 1A, ele. 12)(see: L'Allier et al., column 5, lines 1-5) at least one of outputs the association together with the at least one therapy module and outputs only the therapy modules for which the target capabilities match at least one capability to be treated which at least one of have been input previously and have been ascertained by the data processing station on the basis of the capability profile (Fig. 3A-3B)(see: L'Allier et al., column 6, line 21 through column 7, line 16, and see discussion of claim 7, is met by use of prerequisites).*

23. As per claim 12, L'Allier et al. teaches the invention substantially as claimed, see discussion of claim 1, and further teaches:

*--the data processing station outputs the therapy modules with a status indicator which includes information about prescription of the therapy modules at least one of which has already taken place and about future suitability of the therapy modules on the basis of the presence of particular prerequisites (see: L'Allier et al., column 2, lines 45-49, column 3, lines 30-38, and column 6, lines 1-5 and 51-57, is met by the results of the post-testing indicating "that he user has not yet attained the desired skill level, the*

user is recycled through the system, with a second training regimen automatically produced based upon the postlearning evaluation”).

24. As per claim 13, L’Allier et al. teaches the invention substantially as claimed, see discussion of claim 1, and further teaches:

*--further patient data and also a fourth database at least one of separate from and part of the first database, are provided, said fourth database containing an allocation of further minimum prerequisites for at least one of executing at least one therapy module and treating the treatable capabilities (Fig. 1C, ele. 204)(see: L’Allier et al., column 5, lines 14-26, is met by organization requirements database), and the data processing station takes into account the further minimum prerequisites in the comparison (Fig. 1A and 1C)(see: L’Allier et al., column 5, lines 14-26, is met by system analyzing the data to create an individual development plan).*

25. As per claim 14, L’Allier et al. teaches the invention substantially as claimed, see discussion of claim 1, and further teaches:

*--in the course of therapy, at least one of a current capability and illness profile for the patient is retrieved a plurality of times by the data processing station (see: L’Allier et al., column 2, lines 45-49, column 3, lines 30-38, and column 6, lines 1-5 and 51-57, is met by the results of the post-testing indicating “that he user has not yet attained the desired skill level, the user is recycled through the system, with a second training regimen automatically produced based upon the postlearning evaluation”) and is automatically compared with the minimum prerequisites in order, in the event of a change in at least one of the capability and illness profile which affects satisfaction of*

*the minimum prerequisites of at least one individual therapy module and treatable capability, to automatically generate an indication to the user and to at least one of disable and enable at least one of the therapy module and capability in question if appropriate (Fig. 3A-3B)(see: L'Allier et al., column 6, line 21 through column 7, line 16, and see discussion of claim 7, is met by use of prerequisites).*

26. As per claim 15, L'Allier et al. teaches the invention substantially as claimed, see discussion of claim 14, but fails to specifically point out:

*--at least one of the current capability and illness profile is retrieved at least one of at prescribable intervals of time and following a message which is automatically generated in the event of a change in at least one of the capability and illness profile.*

However, Douglas et al. teaches recommending "modifications and updates to both physician and patient by correlating the patient's progress with previous established goals" (see: Douglas et al., column 2, lines 44-48 and 64-66), which can follow an automatically generated alarm/message (see: Douglas et al., column 10, lines 17-26), or after regularly scheduled reports (see: Douglas et al., column 10, lines 41-45, and column 18, lines 18-54).

27. As per claim 16, L'Allier et al. teaches the invention substantially as claimed, see discussion of claim 14, but fails to specifically point out:

*--the indication to the user is sent by the data processing station using an electronic medium.*

However, Douglas et al. teaches that reports can be delivered via email (see: Douglas et al., column 18, lines 26-33), and that reports and alarms can be delivered via email or pager (see: Douglas et al., column 10, lines 17-26).

28. As per claim 17, L'Allier et al. teaches the invention substantially as claimed, see discussion of claim 1, and further teaches:

*--the data processing station at least one of enables and disables individual sublevels within the therapy modules on the basis of satisfaction of the minimum prerequisites (Fig. 3A-3B)(see: L'Allier et al., column 6, line 21 through column 7, line 16, and see discussion of claim 7, is met by use of prerequisites governing access to different levels and sublevels in the system).*

29. As per claim 18, L'Allier et al. teaches a system for supporting therapy planning in the rehabilitation of a patient, comprising:

*--a data processing station (Fig. 1A, ele. 12)(see: L'Allier et al., column 5, lines 1-5), coupled to a first database containing at least one of modules and treatable capabilities (Fig. 1C, ele. 209)(see: L'Allier et al., column 2, lines 40-50, is met by the second database containing training regimens that absent and/or deficient skills can be mapped into) and minimum prerequisites of capabilities, said minimum prerequisites being associated with at least one of the modules and treatable capabilities, for at least one of executing the respective modules and treating the respective treatable capabilities (see: L'Allier et al., column 5, lines 59-64 and column 6, lines 21-28, is met by prerequisites that must be achieved in route to obtaining a desired skill level, and*

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skill levels that must be completed successfully before receiving training at the subsequent level); and

*--a module for automatically comparing (see: L'Allier et al., column 5, lines 27-40, is met by comparison ratings and gap analysis) a prescribable capability profile with the minimum prerequisites by reverting to the first database (see: L'Allier et al., column 2, lines 19-24 and column 5, lines 40-64, is met by identifying a "gap" between the skill(s) possessed by the individual and those required of the individual via a comparison process which involves identifying prerequisites) and for advising of at least one of at least one module and at least one treatable capability for which the minimum prerequisites are satisfied on the basis of the comparison (see: L'Allier et al., column 2, lines 43-44 and column 6, lines 28-29, is met by a training regimen being presented after mapping has occurred).*

L'Allier et al. teaches the invention substantially as claimed but fails to specifically teach creating an individualized learning program in the context of providing therapy; however, Douglas et al. teaches a therapeutic behavior modification program that is aimed at assisting patients in overcoming deficits caused by medical ailments, surgical procedures, and lifestyle choices (see: Douglas et al., column 1, lines 20-55). It would have been obvious to one of ordinary skill in the art at the time the invention was made to combine the architecture of deficit detection, improvement planning, and improvement planning implementation, with the intention of overcoming the recognized deficits, as taught by L'Allier et al., and the content of therapeutic behavior modification in a health and wellness context as taught by Douglas et al., with the rationale that



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"[w]hen individuals are successful in making and adhering to positive lifestyle changes, they frequently require fewer physician visits, go to the hospital less often, and have fewer surgeries" and that over an extended period of time "costs go down accordingly" (see: Douglas, et al., column 1, lines 32-36).

30. As per claim 19, L'Allier et al. teaches a system for supporting therapy planning for chronic illnesses in a patient, comprising:

*--a data processing station (Fig. 1A, ele. 12)(see: L'Allier et al., column 5, lines 1-5), coupled to a first database containing a plurality of modules (Fig. 1C, ele. 209)(see: see: L'Allier et al., column 2, lines 40-50, is met by the second database containing training regimens that absent and/or deficient skills can be mapped into) and minimum prerequisites, said minimum prerequisites being associated with the modules, for executing the respective modules (see: L'Allier et al., column 5, lines 59-64 and column 6, lines 21-28, is met by prerequisites that must be achieved in route to obtaining a desired skill level, and skill levels that must be completed successfully before receiving training at the subsequent level); and*

*--a module for automatically comparing a profile, with the minimum prerequisites by reverting to the first database (see: L'Allier et al., column 5, lines 27-40, is met by comparison ratings and gap analysis) and for advising of at least one module for which the minimum prerequisites are satisfied on the basis of the comparison (see: L'Allier et al., column 2, lines 43-44 and column 6, lines 28-29, is met by a training regimen being presented after mapping has occurred).*

L'Allier et al. teaches the invention substantially as claimed but fails to specifically teach creating an individualized learning program in the context of providing therapy for illnesses, chronic illnesses, and a perscribable illness profile including health-related and physical properties of the patient; however, Douglas et al. teaches a therapeutic behavior modification program that is aimed at assisting patients in overcoming deficits caused by medical ailments, surgical procedures, and lifestyle choices (see: Douglas et al., column 1, lines 20-55). Douglas et al. teaches that "[a] wide range of individuals can benefit from the system" including "those with chronic ailments" (see: Douglas et al., column 5, lines 45-50), and also teaches "prompting the individual to enter health-related data" including "baseline vital factors" and other factors such as "height, weight" etc. (see: Douglas et al., column 6, lines 14-26) which are physical properties of the patient. It would have been obvious to one of ordinary skill in the art at the time the invention was made to combine the architecture of deficit detection, improvement planning, and improvement planning implementation, with the intention of overcoming the recognized deficits, as taught by L'Allier et al., and the content of therapeutic behavior modification in a health and wellness context as taught by Douglas et al., with the rationale that "[w]hen individuals are successful in making and adhering to positive lifestyle changes, they frequently require fewer physician visits, go to the hospital less often, and have fewer surgeries" and that over an extended period of time "costs go down accordingly" (see: Douglas, et al., column 1, lines 32-36).

31. As per claim 20, L'Allier et al. teaches the invention substantially as claimed, see discussion of claim 18, and further teaches:

*--the module is designed to output exclusively the at least one of the therapy module and treatable capability* (see: L'Allier et al., column 2, lines 43-44 and column 6, lines 28-29, is met by a training regimen being presented after mapping has occurred).

32. As per claim 21, L'Allier et al. teaches the invention substantially as claimed, see discussion of claim 20, and further teaches:

*--the module is designed to output the at least one of the therapy module and treatable capability and to mark the at least one of the therapy module and treatable capability in an output on a monitor* (Fig. 1A, ele. 20)(see: column 4, lines 39-45, is met by CRT display; and see: L'Allier et al., column 6, lines 28-29, is met by metadata that describe attributes of the resource including an ID, title, description, etc.; and see discussion of claim 7).

33. As per claim 22, L'Allier et al. teaches the invention substantially as claimed, see discussion of claim 18, and further teaches:

*--the module is designed to enable the at least one of the therapy module and treatable capability for at least one of access* (see: L'Allier et al., column 3, lines 1-5, is met by skill/training regimen identifier mapping and for presenting the user with the accessed training regimen) *and to disable remaining at least one of the therapy module and treatable capability for access for which the minimum prerequisites are not satisfied* (see: L'Allier et al., column 5, lines 59-64 and column 6, lines 21-28, is met by prerequisites that must be achieved in route to obtaining a desired skill level, and skill levels that must be completed successfully before receiving training at the subsequent level).

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34. As per claim 23, L'Allier et al. teaches the invention substantially as claimed, see discussion of claim 18, and further teaches:

*--the data processing station is connected to a second database from which the capability profile can be retrieved (Fig. 1A-1C)(see: L'Allier et al., column 5, lines 14-26, is met by electronically analyzing existing skills on an individual stored on a database).*

35. As per claim 24, L'Allier et al. teaches the invention substantially as claimed, see discussion of claim 18, and further teaches:

*--the module is designed to output exclusively the at least one treatable capability which match capabilities to be treated which are ascertained by the module on the basis of the capability profile (Fig. 1A-1C)(see: L'Allier et al., column 2, lines 43-44, column 5, lines 14-26, and column 6, lines 28-29, is met by a training regimen being presented after mapping has occurred).*

36. As per claim 25, L'Allier et al. teaches the invention substantially as claimed, see discussion of claim 18, and further teaches:

*--at least one of the first database and a third database (Fig. 1C, ele. 207), to which the data processing station is coupled (Fig. 1A, ele. 12)(Fig. 1C)(see: L'Allier et al., column 5, lines 1-5), contains an association between target capabilities and the therapy modules (Fig. 2A, ele. 406)(see: L'Allier et al., column 6, lines 6-20, is met by mapping desired skill with the appropriate training regimen), and the module is designed to at least one of output the association together with the at least one therapy module and to output exclusively the at least one therapy module for which the target capabilities match at least one capability to be treated which at least one of has been*

*input previously and has been ascertained by the module on the basis of the capability profile (Fig. 3A-3B)(see: L'Allier et al., column 6, line 21 through column 7, line 16, and see discussion of claim 7, is met by use of prerequisites).*

37. As per claim 26, L'Allier et al. teaches the invention substantially as claimed, see discussion of claim 18, and further teaches:

*--at least one of the first database and a fourth database, to which the data processing station is coupled, contains an allocation of further minimum prerequisites for at least one of executing the therapy modules and treating the treatable capabilities (Fig. 1C, ele. 204)(see: L'Allier et al., column 5, lines 14-26, is met by organization requirements database), and wherein the module is designed to take into account the further minimum prerequisites in the automatic comparison (Fig. 1A and 1C)(see: L'Allier et al., column 5, lines 14-26, is met by system analyzing the data to create an individual development plan).*

38. As per claim 27, L'Allier et al. teaches the invention substantially as claimed, see discussion of claim 3, and further teaches:

*--the output advice is displayed on a monitor (Fig. 1A, ele. 20)(see: column 4, lines 39-45, is met by CRT display).*

39. As per claim 28, L'Allier et al. teaches the invention substantially as claimed, see discussion of claim 4, and further teaches:

*--the marked output advice is displayed on a monitor (Fig. 1A, ele. 20)(see: column 4, lines 39-45, is met by CRT display; and see: L'Allier et al., column 6, lines 28-*

29, is met by metadata that describe attributes of the resource including an ID, title, description, etc.; and see discussion of claim 7).

40. As per claim 29, L'Allier et al. teaches the invention substantially as claimed, see discussion of claim 2, and further teaches:

*--the patient's illness profile is retrieved from a second database by the data processing station (Fig. 1A-1C)(see: L'Allier et al., column 5, lines 14-26, is met by electronically analyzing existing skills on an individual stored on a database).*

41. As per claim 30, L'Allier et al. teaches the invention substantially as claimed, see discussion of claim 15, but fails to specifically teach:

*--the indication to the user is sent by the data processing station using an electronic medium.*

However, Douglas et al. teaches that reports can be delivered via email (see: Douglas et al., column 18, lines 26-33), and that reports and alarms can be delivered via email or pager (see: Douglas et al., column 10, lines 17-26).

42. As per claim 31, L'Allier et al. teaches the invention substantially as claimed, see discussion of claim 19, and further teaches:

*--the module is designed to output exclusively the at least one therapy module (see: L'Allier et al., column 2, lines 43-44 and column 6, lines 28-29, is met by a training regimen being presented after mapping has occurred)..*

43. As per claim 32, L'Allier et al. teaches the invention substantially as claimed, see discussion of claim 20, and further teaches:

*--the output includes display on a monitor (Fig. 1A, ele. 20)(see: column 4, lines 39-45, is met by CRT display).*

44. As per claim 33, L'Allier et al. teaches the invention substantially as claimed, see discussion of claim 31, and further teaches:

*--the output includes display on a monitor (Fig. 1A, ele. 20)(see: column 4, lines 39-45, is met by CRT display).*

45. As per claim 34, L'Allier et al. teaches the invention substantially as claimed, see discussion of claim 31, and further teaches:

*--the module is designed to output the at least one therapy module and to mark the at least one therapy module in an output on a monitor (Fig. 1A, ele. 20)(see: column 4, lines 39-45, is met by CRT display; and see: L'Allier et al., column 6, lines 28-29, is met by metadata that describe attributes of the resource including an ID, title, description, etc.; and see discussion of claim 7).*

46. As per claim 35, L'Allier et al. teaches the invention substantially as claimed, see discussion of claim 19, and further teaches:

*--the module is designed to enable the at least one therapy module for at least one of access (see: L'Allier et al., column 3, lines 1-5, is met by skill/training regimen identifier mapping and for presenting the user with the accessed training regimen) and to disable remaining at least one therapy module and for access for which the minimum prerequisites are not satisfied (see: L'Allier et al., column 5, lines 59-64 and column 6, lines 21-28, is met by prerequisites that must be achieved in route to obtaining a desired*

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skill level, and skill levels that must be completed successfully before receiving training at the subsequent level).

47. As per claim 36, L'Allier et al. teaches the invention substantially as claimed, see discussion of claim 19, and further teaches:

*--the data processing station is connected to a second database from which the illness profile can be retrieved (Fig. 1A-1C)(see: L'Allier et al., column 5, lines 14-26, is met by electronically analyzing existing skills on an individual stored on a database).*

48. As per claim 37, L'Allier et al. teaches the invention substantially as claimed, see discussion of claim 2, and further teaches:

*--the advice of the at least one of the therapy modules is given by virtue of exclusively the at least one of the therapy modules being output (see: L'Allier et al., column 2, lines 43-44 and column 6, lines 28-29, is met by a training regimen being presented after mapping has occurred).*

49. As per claim 38, L'Allier et al. teaches the invention substantially as claimed, see discussion of claim 37, and further teaches:

*--the advice of the at least one of the therapy modules is given by virtue of the at least one of the therapy modules being marked in the output (see: L'Allier et al., column 6, lines 28-29, is met by metadata that describe attributes of the resource including an ID, title, description, etc.).*

50. As per claim 39, L'Allier et al. teaches the invention substantially as claimed, see discussion of claim 2, and further teaches:



*--at least one of the therapy modules is enabled for access (see: L'Allier et al., column 3, lines 1-5, is met by skill/training regimen identifier mapping and for presenting the user with the accessed training regimen), and the remaining at least one therapy module for which the minimum prerequisites are not satisfied is disabled for access (see: L'Allier et al., column 5, lines 59-64 and column 6, lines 21-28, is met by prerequisites that must be achieved in route to obtaining a desired skill level, and skill levels that must be completed successfully before receiving training at the subsequent level).*

51. As per claim 40, L'Allier et al. teaches the invention substantially as claimed, see discussion of claim 39, and further teaches:

*--at least one of the disabled therapy modules is provided with an indication of the reason for disabling in the output (Fig. 3A-3B)(see: L'Allier et al., column 6, line 21 through column 7, line 16, is met in Fig. 3A, ele. 412-413 by current skill level for "KNOWLEDGE 2" being marked and outputted as greater than the desired skill level and for that reason from the "GAP" comparison in ele. 42, thus the subsequent mapping in ele. 43, which is based on this comparison, yields a training regimen where the appropriate prerequisites are disabled; furthermore, training regimens are enabled such that "courses linked to skill levels 1 through 5...are met en route to achieving the desired skill level" thus also requiring prerequisites be fulfilled before advancing to subsequent courses).*

52. As per claim 41, L'Allier et al. teaches the invention substantially as claimed, see discussion of claim 39, and further teaches:

*--an indication of the reason for disabling is output for the disabled at least one of the therapy modules (see: discussion of claim 7) following an appropriate input from the user (see: L'Allier et al., column 6, lines 40-50, is met by the user entering information into an input device).*

53. As per claim 42, L'Allier et al. teaches the invention substantially as claimed, see discussion of claim 39, and further teaches:

*--at least one of the disabled therapy modules is adapted to be individually enabled by manual input from a user (see: L'Allier et al., column 1, lines 47-52 and column 11, lines 46-61, is met by selecting matches "manually" and creating desired links).*

54. As per claim 43, L'Allier et al. teaches the invention substantially as claimed, see discussion of claim 2, and further teaches:

*--the data processing station outputs the therapy modules with a status indicator which includes information about prescription of the therapy modules, at least one of which has already taken place and about future suitability of the therapy modules on the basis of the presence of particular prerequisites (see: L'Allier et al., column 2, lines 45-49, column 3, lines 30-38, and column 6, lines 1-5 and 51-57, is met by the results of the post-testing indicating "that the user has not yet attained the desired skill level, the user is recycled through the system, with a second training regimen automatically produced based upon the postlearning evaluation").*

55. As per claim 44, L'Allier et al. teaches the invention substantially as claimed, see discussion of claim 2, and further teaches:

*--in the course of therapy, an illness profile for the patient is retrieved a plurality of times by the data processing station (see: L'Allier et al., column 2, lines 45-49, column 3, lines 30-38, and column 6, lines 1-5 and 51-57, is met by the results of the post-testing indicating "that he user has not yet attained the desired skill level, the user is recycled through the system, with a second training regimen automatically produced based upon the postlearning evaluation") and is automatically compared with the minimum prerequisites in order, in the event of a change in the illness profile which affects satisfaction of the minimum prerequisites of at least one individual therapy module, to automatically generate an indication to the user and to at least one of disable and enable at least one of the therapy modules in question if appropriate (Fig. 3A-3B)(see: L'Allier et al., column 6, line 21 through column 7, line 16, and see discussion of claim 7, is met by use of prerequisites).*

56. As per claim 45, L'Allier et al. teaches the invention substantially as claimed, see discussion of claim 44, but fails to specifically point out:

*--an illness profile is retrieved at least one of at prescribable intervals of time and following a message which is automatically generated in the event of a change in the illness profile.*

However, Douglas et al. teaches recommending "modifications and updates to both physician and patient by correlating the patient's progress with previous established goals" (see: Douglas et al., column 2, lines 44-48 and 64-66), which can follow an automatically generated alarm/message (see: Douglas et al., column 10, lines

17-26), or after regularly scheduled reports (see: Douglas et al., column 10, lines 41-45, and column 18, lines 18-54).

57. As per claim 46, L'Allier et al. teaches the invention substantially as claimed, see discussion of claim 44, but fails to specifically point out:

*--the indication to the user is sent by the data processing station using an electronic medium.*

However, Douglas et al. teaches that reports can be delivered via email (see: Douglas et al., column 18, lines 26-33), and that reports and alarms can be delivered via email or pager (see: Douglas et al., column 10, lines 17-26).

58. As per claim 47, L'Allier et al. teaches the invention substantially as claimed, see discussion of claim 2, and further teaches:

*--the data processing station at least one of enables and disables individual sublevels within the therapy modules on the basis of satisfaction of the minimum prerequisites (Fig. 3A-3B)(see: L'Allier et al., column 6, line 21 through column 7, line 16, and see discussion of claim 7, is met by use of prerequisites governing access to different levels and sublevels in the system).*

59. As per claim 48, L'Allier et al. teaches the invention substantially as claimed, see discussion of claim 19, and further teaches:

*--at least one of the first database and a fourth database, to which the data processing station is coupled, contains an allocation of further minimum prerequisites for executing the therapy modules (Fig. 1C, ele. 204)(see: L'Allier et al., column 5, lines 14-26, is met by organization requirements database), and wherein the module is*

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*designed to take into account the further minimum prerequisites in the automatic comparison (Fig. 1A and 1C)(see: L'Allier et al., column 5, lines 14-26, is met by system analyzing the data to create an individual development plan).*

### **Conclusion**

Any inquiry concerning this communication or earlier communications from the examiner should be directed to ROBERT SOREY whose telephone number is (571)270-3606. The examiner can normally be reached on Monday through Friday 7:30AM to 5:00PM (EST).

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Charles Kyle can be reached on (571) 272-6746. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

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